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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	=	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
		e the name that is on	George	
	pictu	government-issued ire identification (for	First name	About Debtor 2 (Spouse Only in a Joint Case): First name Middle name Last name and Suffix (Sr., Jr., II, III)
		nple, your driver's	Robert	
	licen	se or passport).	Middle name	Middle name
	Bring	g your picture	Owusu	
		tification to your ting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.		other names you have		
		d in the last 8 years		
		ide your married or den names.		
3.	youi num Indi	the last 4 digits of Social Security ber or federal vidual Taxpayer tification number	xxx-xx-2861	

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Debtor 1 George Robert Owusu

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live		If Debtor 2 lives at a different address:			
		6121 N. Sheridan Unit 2A Chicago, IL 60660				
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Cook				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing	Check one:	Check one:			
	this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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Debtor 1 George Robert Owusu

Case number (if known)

⊃ar	t 2: Tell the Court About	Your B	Bankruptcy Ca	ise				
7.	The chapter of the Bankruptcy Code you are				of each, see Notice Required by page 1 and check the appropriat	11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy e box.	У	
	choosing to file under	Chapter 7						
		□с	hapter 11					
		□с	hapter 12					
		□с	hapter 13					
3.	How you will pay the fee		about how yo	ou may pay. Typ attorney is subr	pically, if you are paying the fee yo	k with the clerk's office in your local court for more det ourself, you may pay with cash, cashier's check, or mo alf, your attorney may pay with a credit card or check w	ney	
					tallments. If you choose this options (Official Form 103A).	on, sign and attach the Application for Individuals to Pa	ay	
			I request tha	it my fee be wa	ived (You may request this option	n only if you are filing for Chapter 7. By law, a judge m		
						ur income is less than 150% of the official poverty line n installments). If you choose this option, you must fill o		
			the Application	on to Have the C	Chapter 7 Filing Fee Waived (Office	cial Form 103B) and file it with your petition.		
9.	Have you filed for bankruptcy within the	■ No	٥.					
	last 8 years?	□ Ye	es.					
			District			Case number		
			District		When	Case number		
			District		When	Case number		
10.	Are any bankruptcy cases pending or being	■ No	o .					
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	□ Y€	∋ s.					
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
11	Do you rent your	_	Go to I	ino 12				
	residence?	■ No	o. 					
		□ Ye	_		, , ,	t you and do you want to stay in your residence?		
				No. Go to line				
				Yes. Fill out <i>In</i> bankruptcy pet		Judgment Against You (Form 101A) and file it with this	5	

		Document	Page 4 of 75		
Debtor 1	George Robert Owusu			Case number (if known)	

Par	Report About Any Bu	sinesses	You Own	as a Sole Proprietor	
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	e and location of business	
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	e of business, if any	
	If you have more than one sole proprietorship, use a		Numb	per, Street, City, State & ZIP Code	
	separate sheet and attach it to this petition.		Checi	k the appropriate box to describe your business:	
				Health Care Business (as defined in 11 U.S.C. § 101(27A))	
				Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))	
				Stockbroker (as defined in 11 U.S.C. § 101(53A))	
				Commodity Broker (as defined in 11 U.S.C. § 101(6))	
				None of the above	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, so operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the in 11 U.S.C. 1116(1)(B).			
	For a definition of small	■ No.	I am r	not filing under Chapter 11.	
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code.	iling under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy .	
		☐ Yes.	I am f	iling under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.	
Par	Report if You Own or	Have Any	Hazardo	ous Property or Any Property That Needs Immediate Attention	
	Do you own or have any		Trazar ac	Add Froporty of Any Froporty That Needd Immediate Attention	
14.	property that poses or is alleged to pose a threat of imminent and	■ No. □ Yes.	What is	the hazard?	
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?			diate attention is why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property? Number, Street, City, State & Zip Code	

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Debtor 1 George Robert Owusu

Case number (if known)

15. Tell the court whether you have received a briefing about credit

counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 ☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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or 1	George Robert Owusu		Document	Page 6 of 75	Case number (if known)	

Par	6: Answer These Questi	ons for R	eporting Purposes					
16.	What kind of debts do you have?	16a.	Are your debts primarily consuindividual primarily for a personal			in 11 U.S.C. § 101(8) as "incurred by an		
			☐ No. Go to line 16b.					
			Yes. Go to line 17.					
		16b.	Are your debts primarily busine money for a business or investme					
			□ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you owe to	hat are not consum	er debts or business de	bts		
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. G	Go to line 18.				
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	■ Yes.	I am filing under Chapter 7. Do yo are paid that funds will be availab ☐ No ☐ Yes			is excluded and administrative expenses		
18.	How many Creditors do you estimate that you owe?	□ 1-49 ■ 50-99 □ 100-1 □ 200-9		□ 1,000-5,000 □ 5001-10,000 □ 10,001-25,00		☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000		
19.	How much do you estimate your assets to be worth?	□ \$100,	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	\$1,000,001 - \$10,000,001 \$50,000,001 \$100,000,000	- \$50 million - \$100 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion		
20.	How much do you estimate your liabilities to be?	\$100 ,	50,000 101 - \$100,000 1001 - \$500,000 1001 - \$1 million	\$1,000,001 - \$10,000,001 \$50,000,001 \$100,000,000	- \$50 million - \$100 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion		
Par	7: Sign Below							
For	you	If I have o	amined this petition, and I declare chosen to file under Chapter 7, I are tates Code. I understand the relief	m aware that I may	proceed, if eligible, und	er Chapter 7, 11,12, or 13 of title 11,		
		If no atto	rney represents me and I did not p t, I have obtained and read the no	ay or agree to pay	someone who is not an			
		I request	relief in accordance with the chapt	ter of title 11, United	d States Code, specified	d in this petition.		
		bankrupto and 3571	cy case can result in fines up to \$2			operty by fraud in connection with a s, or both. 18 U.S.C. §§ 152, 1341, 1519,		
		George	Robert Owusu		Signature of Debtor 2			
		Executed	May 23, 2016 MM / DD / YYYY		Executed on MM / DE	D/YYYY		

Debtor 1 George Robert Owusu

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Debtor 1 George Robert Owusu

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Anne L. MacLaren	Date	May 23, 2016
Signature of Attorney for Debtor		MM / DD / YYYY
Anne L. MacLaren		
Printed name		
Law Offices of Anne L MacLaren		
Firm name		
3753 N. Narragansett Ave		
Chicago, IL 60634		
Number, Street, City, State & ZIP Code		
Contact phone 773-576-5085	Email address	almaclaren@sbcglobal.net
Bar number & State		

		Docume	ent Page 8 of 75)	
Fill in this infor	mation to identify your	case:			
Debtor 1	George Robert O	wusu			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number (if known)					☐ Check if this is an amended filing
					aəndəd illing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a	assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	80,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	0.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	80,000.00
Pai	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	54,500.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	210,268.42
	Your total liabilities	\$	264,768.42
Paı	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	1,900.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,169.00
Paı	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
7.	■ Yes What kind of debt do you have?		

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Debtor 1 George Robert Owusu

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

300.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clair	n
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Case 16-17317 Doc 1 Filed 05/23/16 Entered 05/23/16 20:05:08 Desc Main Page 10 of 75 Document Fill in this information to identify your case and this filing: Debtor 1 George Robert Owusu Middle Name Last Name First Name Debtor 2 Middle Name First Name Last Name (Spouse, if filing) NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number ☐ Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? ■ No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply 6121 N. Sheridan ☐ Single-family home Do not deduct secured claims or exemptions. Put Unit 2A the amount of any secured claims on Schedule D: Duplex or multi-unit building Creditors Who Have Claims Secured by Property. Street address, if available, or other description Condominium or cooperative ■ Manufactured or mobile home Current value of the Current value of the Chicago IL 60660-0000 ■ Land entire property? portion you own? \$80,000.00 \$80,000.00 City State ZIP Code Investment property П Timeshare Describe the nature of your ownership interest ☐ Other (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one Equitable interest Debtor 1 only Cook Debtor 2 only County Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for \$80,000.00 pages you have attached for Part 1. Write that number here...... Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

■ No

☐ Yes

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D	ebtor 1	George Robert Owus	su		Case number (if known)	
					cles, other vehicles, and accessories owmobiles, motorcycle accessories	
	■ No					
	□ Yes					
5					om Part 2, including any entries for	\$0.00
Pa	art 3: Des	cribe Your Personal and Ho	ousehold Items	S		
	·	n or have any legal or eq		est in any of the follow	ing items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.		old goods and furnishing s: Major appliances, furnitu		nina, kitchenware		
	■ No					
	☐ Yes.	Describe				
7.	_ `				ment; computers, printers, scanners; music c	ollections; electronic devices
	■ No □ Yes.	Describe				
g	Collectib	les of value				
0.					oks, pictures, or other art objects; stamp, coin,	or baseball card collections;
	_	Describe				
9.		ent for sports and hobbie es: Sports, photographic, es musical instruments		other hobby equipment; b	picycles, pool tables, golf clubs, skis; canoes	and kayaks; carpentry tools;
	■ No					
	⊔ Yes. ∣	Describe				
10	_ `	s les: Pistols, rifles, shotguns	s, ammunitior	n, and related equipment		
	■ No □ Yes.	Describe				
11	Clothes		la ath an a sat			
	Example No	les: Everyday clothes, furs,	, leatner coats	s, designer wear, snoes,	accessories	
	☐ Yes.	Describe				
12	Jewelry	,				
	Example ■ No	les: Everyday jewelry, cost	ume jewelry,	engagement rings, wedd	ding rings, heirloom jewelry, watches, gems, g	jold, silver
		Describe				
13	Non-far	m animals				
		les: Dogs, cats, birds, hors	es			
	■ No □ Yes.	Describe				
14			old items vo	u did not already list in	ncluding any health aids you did not list	
	■ No				g any near a suc you are not not	
	IIVac	Give enecific information				

Official Form 106A/B Schedule A/B: Property page 2

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Case number (if known) Debtor 1 George Robert Owusu 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$0.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ■ No ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Institution name: ☐ Yes..... 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No

Schedule A/B: Property

Official Form 106A/B

☐ Yes. Give specific information about them...

page 3

Case 16-17317 Doc 1 Filed 05/23/16 Entered 05/23/16 20:05:08 Desc Main Page 13 of 75 Document Case number (if known) Debtor 1 George Robert Owusu 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here......

Schedule A/B: Property

\$0.00

page 4

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

	Case 16		Doc 1	Filed 05/2 Docume		Entered 0 Page 14 of	5/23/16 20:05:08 75	Desc Main
Debt	tor 1 George Ro	bert Owus	su				Case number (if known)	
37. D	o you own or have any	legal or equi	itable interest i	in any business-	related pr	operty?		
	No. Go to Part 6.							
	Yes. Go to line 38.							
Part	6: Describe Any Farn If you own or have a				You Owr	or Have an Interes	st In.	
46. C	o you own or have	any legal o	r equitable in	terest in any fa	arm- or c	ommercial fishir	ng-related property?	
	No. Go to Part 7.							
	Yes. Go to line 47.							
Part	Describe All F	Property You	Own or Have a	n Interest in Tha	t You Did	Not List Above		
	o you have other p				list?			
	Examples: Season tid	ckets, countr	y club membe	ersnip				
	No Yes. Give specific ir	nformation						
_	r res. Give specime ii	normation						
54.	Add the dollar valu	e of all of yo	our entries fr	om Part 7. Writ	te that n	umber here		\$0.00
								1
Part	8: List the Totals	of Each Part	of this Form					
55.	Part 1: Total real es	state, line 2						\$80,000.00
56.	Part 2: Total vehicle	es, line 5				\$0.00		
57.	Part 3: Total persor	nal and hou	sehold items	, line 15		\$0.00		
58.	Part 4: Total financ	ial assets, l	ine 36			\$0.00		
59.	Part 5: Total busine	ess-related	property, line	45		\$0.00		
60.	Part 6: Total farm-	and fishing-	related prope	erty, line 52		\$0.00		
61.	Part 7: Total other	property no	t listed, line 5	54	+	\$0.00		
62.	Total personal prop	erty. Add lir	nes 56 throug	h 61		\$0.00	Copy personal property t	otal \$0.0 0
63.	Total of all property	/ on Schedu	ule A/B. Add I	ine 55 + line 62				\$80,000.00

Official Form 106A/B Schedule A/B: Property page 5

		D O O O O I I I O	1 440 10 01 10	
Fill in this infor	mation to identify your	case:		
Debtor 1	George Robert O	wusu		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify the Property	You Claim as Exemp)t

1.	which set of exemptions are you claiming? Check one only, even if your spouse is filling with you.				
	■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)				
	☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)				

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	, , , , , , , , , , , , , , , , , , , ,		Specific laws that allow exemption
	Copy the value from Schedule A/B			
6121 N. Sheridan Unit 2A Chicago, IL 60660 Cook County	\$80,000.00		\$15,000.00	735 ILCS 5/12-901
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
6121 N. Sheridan Unit 2A Chicago, IL 60660 Cook County	\$80,000.00		\$4,000.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
Furniture Line from Schedule A/B:	\$2,000.00			735 ILCS 5/12-1001(a)
Line Hori Goredale Arb.			100% of fair market value, up to any applicable statutory limit	
Monthly Retirement Line from Schedule A/B:	\$0.00			735 ILCS 5/12-704
Line Hotti Scredule PVB.		•	100% of fair market value, up to any applicable statutory limit	
Social Security \$1600 month	\$0.00			735 ILCS 5/12-1001(g)(1)
LINE HOIH SCHEAUIE AVD.			100% of fair market value, up to any applicable statutory limit	

Filed 05/23/16 Entered 05/23/16 20:05:08 Document Page 16 of 75 Debtor 1 George Robert Owusu Case number (if known) 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No

Case 16-17317

Yes

Doc 1

Desc Main

Page 17 of 75 Document Fill in this information to identify your case: Debtor 1 George Robert Owusu Middle Name Last Name First Name Debtor 2 Middle Name First Name Last Name (Spouse if, filing) NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims Column A Column B Column C 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As Amount of claim Value of collateral Unsecured that supports this much as possible, list the claims in alphabetical order according to the creditor's name. Do not deduct the portion value of collateral. If any \$54,500.00 \$80,000.00 \$0.00 2.1 Freedom Mortgage Describe the property that secures the claim: Creditor's Name 6121 N. Sheridan Unit 2A Chicago, 907 Pleasant Valley IL 60660 Cook County **Avenue** As of the date you file, the claim is: Check all that Suite 3 apply. Mount Laurel, NJ 08054 ☐ Contingent Number, Street, City, State & Zip Code ☐ Unliquidated ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only ☐ An agreement you made (such as mortgage or secured Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Debtor 1 and Debtor 2 only ☐ Judgment lien from a lawsuit At least one of the debtors and another ☐ Check if this claim relates to a ☐ Other (including a right to offset) community debt Date debt was incurred 01/2013 Last 4 digits of account number 5534 \$54,500.00 Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. \$54,500.00 Write that number here: Part 2: List Others to Be Notified for a Debt That You Already Listed Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. Name, Number, Street, City, State & Zip Code On which line in Part 1 did you enter the creditor? 2.1 **Freedom Mortgage** 10500 Kincaid Drive Last 4 digits of account number 5534 Fishers, IN 46037

Name, Number, Street, City, State & Zip Code

On which line in Part 1 did you enter the creditor? 2.1

Freedom Mortgage

Last 4 digits of account number

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Debtor 1	George Ro	bert Owusu		Case number (if know)	
	First Name	Middle Name	Last Name		

Page 19 of 75 Document Fill in this information to identify your case: Debtor 1 **George Robert Owusu** Middle Name Last Name First Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? No. Go to Part 2. ☐ Yes. List All of Your NONPRIORITY Unsecured Claims Part 2: 3. Do any creditors have nonpriority unsecured claims against you? ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim 4.1 Advanced Rehab Care, LLC Last 4 digits of account number 0601 \$5.760.00 Nonpriority Creditor's Name 1730 Park Street When was the debt incurred? 4/2014 Suite 101 Chicago, IL 60653-1290 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No ☐ Yes

Other. Specify

Debts to pension or profit-sharing plans, and other similar debts

Document Page 20 of 75 Debtor 1 George Robert Owusu Case number (if know) 4.2 **Austin Anesthesia LLC** Last 4 digits of account number \$5,958.00 Nonpriority Creditor's Name P.O. Box 570 When was the debt incurred? Lake Forest, IL 60045-0570 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.3 **Bank of America** Last 4 digits of account number 8215 \$8,799.00 Nonpriority Creditor's Name 4060 Ogletown / Stanton Rd When was the debt incurred? 01/2002 **Newark. DE 19713** As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.4 **Bank of America** Last 4 digits of account number 4582 \$9,237.50 Nonpriority Creditor's Name P.O. Box 982235 When was the debt incurred? El Paso, TX 79998-2235 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No
□ Yes

Other. Specify

☐ Debts to pension or profit-sharing plans, and other similar debts

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■ No
□ Yes

Other. Specify

Debts to pension or profit-sharing plans, and other similar debts

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Debtor 1 George Robert Owusu Case number (if know) \$4.880.00 4.8 Capital One Bank USA NA Last 4 digits of account number 3874 Nonpriority Creditor's Name P.O. Box 30281 When was the debt incurred? 01/2006 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.9 Capital One Bank USA NA Last 4 digits of account number 7403 \$7,391.00 Nonpriority Creditor's Name P.O. Box 30281 When was the debt incurred? 09/1996 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.1 Capital One Bank USA NA 2887 \$264.00 Last 4 digits of account number 0 Nonpriority Creditor's Name P.O. Box 30281 When was the debt incurred? 09/1997 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

Other. Specify

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Debtor 1 George Robert Owusu Case number (if know) 4.1 **CBNA** 4225 \$2,126.00 Last 4 digits of account number Nonpriority Creditor's Name 1000 Technology Drive When was the debt incurred? 11/1972 O Fallon, MO 63368 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.1 **CBNA** 0809 \$1,065.00 Last 4 digits of account number 2 Nonpriority Creditor's Name P.O. Bxox 6497 When was the debt incurred? 10/2013 Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.1 **Chase Card** 0042 \$8.534.00 Last 4 digits of account number 3 Nonpriority Creditor's Name P.O. Box 15298 When was the debt incurred? 04/2016 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

Other. Specify

Document Page 24 of 75 Debtor 1 George Robert Owusu Case number (if know) 4.1 **Chase Card** 0047 \$6,820.00 Last 4 digits of account number 4 Nonpriority Creditor's Name P.O. Box 15298 04/2016 When was the debt incurred? Wilmington, DE 19850 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.1 **Chase Card** 0236 \$2,148.00 Last 4 digits of account number 5 Nonpriority Creditor's Name When was the debt incurred? 04/2016 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.1 **Chase Card** 8770 \$1,012.00 Last 4 digits of account number 6 Nonpriority Creditor's Name 03/2016 When was the debt incurred? Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not

■ No

☐ Yes

report as priority claims

Other. Specify

 \square Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

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Debtor 1 George Robert Owusu Case number (if know) 4.1 Chris Costas M.D. 1208 \$426.00 Last 4 digits of account number Nonpriority Creditor's Name 1730 Park Street 04-05/2014 When was the debt incurred? Suite 101 Chicago, IL 60653 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.1 Chris Costas M.D. 1384 \$1,275.00 Last 4 digits of account number 8 Nonpriority Creditor's Name 800 Austin St 05/2014 When was the debt incurred? Evanston, IL 60202 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.1 6344 \$10.677.00 9 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 04/2016 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes

Other. Specify

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Depto	George Robert Owusu		Case number (if know)	
4.2	Citi Nonpriority Creditor's Name	Last 4 digits of account number	2966	\$15.00
	• •	When was the debt incurred?	04/2016	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	•		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify		
4.2	Concentra Health Services	Last 4 digits of account number	5656	\$1,273.00
	Nonpriority Creditor's Name 1801 Broadway San Antonio, TX 82151-2000	When was the debt incurred?		
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify		
4.2	Consultants in Kidney Disease	Last 4 digits of account number	3445	\$1,025.00
	Nonpriority Creditor's Name 800 Austin St.	When was the debt incurred?	11/2013	
	West Tower, Suite 503W Evanston, IL 60202-3445	when was the dept incurred?	11/2013	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
	□Yes	Other Specify		

Document Page 27 of 75 Case number (if know) Debtor 1 George Robert Owusu 4.2 **Dav-Kim Portable X-Ray Services** 6831 \$1,494.00 Last 4 digits of account number 3 Nonpriority Creditor's Name P.O. Box 1126 04/02/2014 and 04/27/2014 When was the debt incurred? Northbrook, IL 60065-1126 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.2 Dimitry Sukenik, M.D. 1140 \$83.00 Last 4 digits of account number Nonpriority Creditor's Name 7447 W. Talcott When was the debt incurred? 01/19/2014 #304 Chicago, IL 60631-3714 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.2 Discover 5350 \$12,208,00 Last 4 digits of account number Nonpriority Creditor's Name P.O.Box 15316 When was the debt incurred? 04/2016 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

■ No

☐ Yes

report as priority claims

Other. Specify

 \square Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

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Denio	George Robert Owusu		Case number (ii know)			
4.2	Fabian Carbonell, M.D. Nonpriority Creditor's Name	Last 4 digits of account number	4494	\$144.00		
		When was the debt incurred?	12/2015			
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
	No	Debts to pension or profit-sharir	ng plans, and other similar debts			
	Yes	Other. Specify				
4.2	Fifth Third Bank	Last 4 digits of account number	5467	\$14,360.00		
	Nonpriority Creditor's Name	When was the debt incurred?	04/2016			
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.	7.6 6. 11.6 44.6 764 11.6, 11.6 6.41.11	oncorran marappy			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt		aration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims				
	No	Debts to pension or profit-sharing	ng plans, and other similar debts			
	Yes	Other. Specify				
4.2	FNB Omaha	Last 4 digits of account number	7369	\$8,280.00		
	Nonpriority Creditor's Name	When was the debt incurred?	04/2016			
	P.O. Box 3412 Omaha, NE 68197	when was the dept incurred?	04/2016			
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another					
	Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims				
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts			
	☐ Yes	Other. Specify				

Debt	or 1 George Robert Owusu	Document Page 2	9 of 75 Case number (if know)	viaiii
4.2	Garcia, Rosenberg & Associates	Last 4 digits of account number	0081	\$1,273.00
	Nonpriority Creditor's Name	When was the debt incurred?	08/2014	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		
4.3	Glenview Terrace	Last 4 digits of account number	8497	\$888.00
0	Nonpriority Creditor's Name	Last 4 digits of account number		Ψοσοίσο
	1511 Greenwood Road Glenview, IL 60026	When was the debt incurred?	Through 08/31/2015	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	No	☐ Debts to pension or profit-sharir	ig plans, and other similar debts	
	☐ Yes	Other. Specify		
4.3 1	H & S Health Specialist	Last 4 digits of account number	6272	\$3,368.00
	Nonpriority Creditor's Name P.O. Box 10646	When was the debt incurred?	01/06/2014 - 01/30/2014	
	Merrillville, IN 46411-0646 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	

■ No ☐ Yes report as priority claims

 $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Other. Specify

Is the claim subject to offset?

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Case number (if know) Debtor 1 George Robert Owusu 4.3 H & S Health Specialist 6272 \$3,368.00 Last 4 digits of account number 2 Nonpriority Creditor's Name P.O. Box 10646 01/2014 When was the debt incurred? Merrillville, IN 46411-0646 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.3 **Ilahi Medicine of Illinois LL GE00** \$180.00 Last 4 digits of account number 3 Nonpriority Creditor's Name 6374 N. Lincoln Ave When was the debt incurred? 06/08/2014 Suite 202 Chicago, IL 60659 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.3 Illinois Medicar 9300 \$36.00 Last 4 digits of account number Nonpriority Creditor's Name 395 W. Lake St When was the debt incurred? 04/11/2014 Elmhurst, IL 60126 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

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Case number (if know) Debtor 1 George Robert Owusu 4.3 Infinity Healthcare Physicians 0006 \$849.00 Last 4 digits of account number 5 Nonpriority Creditor's Name 9933 N Lawler When was the debt incurred? Suite 512 Skokie, IL 60077 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.3 John Venetos, M.D. Ltd. 7340 \$414.00 Last 4 digits of account number 6 Nonpriority Creditor's Name P.O. Box 4885 When was the debt incurred? 05/28/2014 **Springfield, IL 62708-4885** Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.3 Lake Shore Health Care & Rehab 6458 \$26,791.00 Last 4 digits of account number Nonpriority Creditor's Name 7200 N. Sheridan Rd. When was the debt incurred? 03/31/2014-05/01/2014 Chicago, IL 60623-2613 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

Other. Specify

Document Page 32 of 75 Case number (if know) Debtor 1 George Robert Owusu 4.3 Lakeside Nephrology Ltd 0111 \$470.00 Last 4 digits of account number 8 Nonpriority Creditor's Name 1101 S. Canal Street 01/2014 When was the debt incurred? Chicago, IL 60607 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.3 Lifeline Ambulance 6531 \$940.00 Last 4 digits of account number 9 Nonpriority Creditor's Name 2424 S. Wabash Avenue When was the debt incurred? 04/05/2014 Chicago, IL 60616-2307 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.4 LX Health Advocate Center LTD 5024 \$975.00 Last 4 digits of account number 0 Nonpriority Creditor's Name 4906 N. Western Ave. When was the debt incurred? 08/2011-11/2012 Chicago, IL 60625 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No
□ Yes

Other. Specify

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

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Depto	George Robert Owusu		Case number (if know)		
.4	Mary MacGregor, DO	Last 4 digits of account number	8217	\$410.00	
	Nonpriority Creditor's Name 9129 Waukegan Rd	When was the debt incurred?	03/2014		
	Morton Grove, IL 60053 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.	,	,		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	□ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not		
	No	Debts to pension or profit-sharing	ng plans, and other similar debts		
	Yes	Other. Specify			
.4	Medical Pathology Consultants, Inc. Nonpriority Creditor's Name	Last 4 digits of account number	3845	\$65.00	
	. ,	When was the debt incurred?	12/2014		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts		
	Yes	Other. Specify			
.4	Midwest Imaging Professionals	Last 4 digits of account number	3807	\$267.00	
	Nonpriority Creditor's Name	When was the debt incurred?	09/2014		
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.	7.0 0. 11.0 11.10 701 11.0, 11.0 01.11.11	STOOK all that apply		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt		aration agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims	an place and other similar delta		
	No	Debts to pension or profit-sharin	ig pians, and other similar debts		
	☐ Yes	Other Specify			

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Case number (if know)

Debtor	1 George Robert Owusu	——————————————————————————————————————	Case number (if know)		
4.4	Midwest Imaging Professionals	Last 4 digits of account number	0638	\$83.00	
	Nonpriority Creditor's Name	When was the debt incurred?	06/2014		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts			
	☐ Check if this claim is for a community debt Is the claim subject to offset?				
	■ No				
	Yes	Other. Specify			
4.4	Midwest Imaging Professionals	Last 4 digits of account number	1193	\$388.00	
-	Nonpriority Creditor's Name	When was the debt incurred?	06/2014		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	or 1 and Debtor 2 only			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured			
	☐ Check if this claim is for a community	□ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts			
	debt Is the claim subject to offset?				
	■ No				
	Yes	Other. Specify			
4.4					
6	Midwest Imaging Professionals	Last 4 digits of account number	4809	\$502.00	
-	Nonpriority Creditor's Name	When was the debt incurred?	06/2014		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	 Obligations arising out of a sepa report as priority claims 			
	■ No	Debts to pension or profit-sharing			
	☐ Yes	Other. Specify			

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Midwest Imaging Professionals	Last 4 digits of account number	4535	;
Nonpriority Creditor's Name	When was the debt incurred?		
Number Street City State ZIp Code	As of the date you file, the claim is:	Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured of	laim:	
☐ Check if this claim is for a community	Student loans		
debt s the claim subject to offset?	☐ Obligations arising out of a separate report as priority claims	tion agreement or divorce that you did not	
No	☐ Debts to pension or profit-sharing p	plans, and other similar debts	
Yes	Other. Specify		
Midwest Imaging Professionals	Last 4 digits of account number	4805	\$^
Nonpriority Creditor's Name	When was the debt incurred?	04/2014	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is:	Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
$oldsymbol{\square}$ At least one of the debtors and another	Type of NONPRIORITY unsecured of	laim:	
☐ Check if this claim is for a community	Student loans		
debt s the claim subject to offset?	Obligations arising out of a separar report as priority claims	tion agreement or divorce that you did not	
No	Debts to pension or profit-sharing	plans, and other similar debts	
□ Yes			
ш тез	Other. Specify		
Midwest Imaging Professionals Nonpriority Creditor's Name	Last 4 digits of account number	3004	\$1
volipholity Creditor's Name	When was the debt incurred?	03/2014	
Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim is:	Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
No	☐ Debts to pension or profit-sharing plans, and other similar debts		
	Other. Specify		

Debto	George Robert Owusu	Document Page 3	b 01 75 Case number (if know)	
4.5	Midwest Imaging Professionals Nonpriority Creditor's Name	Last 4 digits of account number When was the debt incurred?		\$3,956.00
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	Debts to pension or profit-sharing		
	Yes			
4.5	North Shore Orthopedics Nonpriority Creditor's Name	Last 4 digits of account number	0734	\$5,000.00
	P.O. Box 3863 Carol Stream, IL 60132	When was the debt incurred?	11/11/2013	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	Debts to pension or profit-sharin		
	Yes	Other. Specify		
4.5	Omnicare of Northern Illinois		5086	£407.47
2	Nonpriority Creditor's Name	Last 4 digits of account number		\$137.17
	2313 S Mt Prospect Rd Des Plaines, IL 60018	When was the debt incurred?	625086	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims		
	No	Debts to pension or profit-sharin		

☐ Yes

Other. Specify

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Case number (if know) Debtor 1 George Robert Owusu 4.5 Pathology Consultants, Inc. 3845 \$65.50 Last 4 digits of account number 3 Nonpriority Creditor's Name 113 E. 4th Street 01/19/2014 When was the debt incurred? Michigan City, IN 46360 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.5 **PNC Bank** 7806 \$10,362.00 Last 4 digits of account number Nonpriority Creditor's Name P.O Box 3180 When was the debt incurred? 04/2016 Pittsburgh, PA 15222 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.5 **PNC Bank** 5700 \$9.677.00 Last 4 digits of account number 5 Nonpriority Creditor's Name P.O. Box 3180 When was the debt incurred? 04/2016 Pittsburgh, PA 15222 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

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Debtor	1 George Robert Owusu	——————————————————————————————————————	Case number (if know)	
4.5	Presence St. Francis	Last 4 digits of account number	8278	\$237.00
	Nonpriority Creditor's Name	When was the debt incurred?	07/2014	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify		
4.5	Presence St. Francis	Last 4 digits of account number	1055	\$757.00
	Nonpriority Creditor's Name	When was the debt incurred?	09/2014	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify	<u> </u>	
4.5	Presence St. Francis	Last 4 digits of account number	4000	\$207.00
8	Nonpriority Creditor's Name			<u> </u>
		When was the debt incurred?	02/2016	
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	□ Yes	Other Specify		

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Presence St. Francis Hospital	Last 4 digits of account number	4067	\$8
Nonpriority Creditor's Name	When was the debt incurred?	10/2014	
Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.	•	,	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	a plane, and other circilar debte	
■ No	Debts to pension or profit-sharin		
Yes	Other. Specify		
Presence St. Francis Hospital	Last 4 digits of account number	6687	\$1, ⁴
Nonpriority Creditor's Name			
	When was the debt incurred?	05/2014	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify		
Reliable Medical Supply		8147	\$7
Nonpriority Creditor's Name	Last 4 digits of account number		Ψ
c/o P.O Box 129	When was the debt incurred?		
Thorofare, NJ 08086-0129			
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	Continuent		
Debtor 1 only Debtor 2 only	☐ Contingent		
_	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
At least one of the debtors and another	Student loans	a Olanii.	
☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not	

☐ Yes

Other. Specify

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Document Page 40 of 75 Debtor 1 George Robert Owusu Case number (if know) 4.6 9942 \$717.45 Reliable Medical Supply Last 4 digits of account number 2 Nonpriority Creditor's Name 200 E. Howard Ave When was the debt incurred? 12/15/2013 through 06/15/2014 Suite 246 Des Plaines, IL 60018-5909 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.6 **UNVL Citi** 5284 \$7,229.00 Last 4 digits of account number 3 Nonpriority Creditor's Name P.O. Box 6241 When was the debt incurred? 04/2016 Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Allied Interstate LLC** Line 4.52 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 361315 Part 2: Creditors with Nonpriority Unsecured Claims Columbus, OH 43236 Last 4 digits of account number 5086 On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Balanced Healthcare Receivables, Line 4.52 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims 164 Burke Street Suite 201 Nashua, NH 03060 Last 4 digits of account number 5086 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Bank of America** Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 297871 ■ Part 2: Creditors with Nonpriority Unsecured Claims Fort Lauderdale, FL 33329

Name and Address

Official Form 106 E/F

On which entry in Part 1 or Part 2 did you list the original creditor?

8215

Last 4 digits of account number

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Illinois Collection Service P.O. Box 1010 Tinley Park, IL 60477-9110 Line 4.18 of (Check one): □ Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1384

Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?

Illinois Collection Service Line <u>4.36</u> of (*Check one*):

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Case number (if know) Debtor 1 George Robert Owusu P.O. Box 1010 ■ Part 2: Creditors with Nonpriority Unsecured Claims Tinley Park, IL 60477-9110 Last 4 digits of account number 5002 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Komyatte & Casbon, P.C. Line 4.53 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 9650 Gordon Drive ■ Part 2: Creditors with Nonpriority Unsecured Claims Highland, IN 46322 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Law Office Jeffrey H. Jordan Line 4.41 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 30863 Part 2: Creditors with Nonpriority Unsecured Claims Gahanna, OH 43230 Last 4 digits of account number 2501 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Lifeline Ambulance Line 4.39 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 118312 Part 2: Creditors with Nonpriority Unsecured Claims Carrollton, TX 75011-8312 Last 4 digits of account number 2913,2912 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Merchants Credit Guide Co** Line 4.50 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 223 W. Jackson Blvd. Part 2: Creditors with Nonpriority Unsecured Claims #700 Chicago, IL 60606 Last 4 digits of account number 2537 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Nationwide Credit Corporation** Line 4.35 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 9156 Part 2: Creditors with Nonpriority Unsecured Claims Alexandria, VA 22304-0156 Last 4 digits of account number 0006 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Pathology Consultants** Line 4.53 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 30309 ■ Part 2: Creditors with Nonpriority Unsecured Claims Charleston, SC 29417-0309 Last 4 digits of account number 0110 On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **PNC Bank** Line 4.54 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 1 Financial Pkwv ■ Part 2: Creditors with Nonpriority Unsecured Claims Kalamazoo, MI 49009 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **PNC Bank** Line 4.55 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 1 Financial Pkwy ■ Part 2: Creditors with Nonpriority Unsecured Claims Kalamazoo, MI 49009 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Sarma Line 4.21 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **Dept 253** Part 2: Creditors with Nonpriority Unsecured Claims P.O. Box 4115 Concord, CA 94524 Last 4 digits of account number 0081 On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Tri-State Adjustments, Inc. Line 4.61 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 3219 Part 2: Creditors with Nonpriority Unsecured Claims La Crosse, WI 54602-3219 Last 4 digits of account number 442G

Part 4: Add the Amounts for Each Type of Unsecured Claim

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Debtor 1 George Robert Owusu

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
			0.6	Total Claim
T. 4.1	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 210,268.42
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 210,268.42

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Document Page 44 of 75 Fill in this information to identify your case: Debtor 1 **George Robert Owusu** Middle Name Last Name First Name Debtor 2 Middle Name Last Name (Spouse if, filing) First Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have the , Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				_
	Number	Street			
	City		State	ZIP Code	

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Fill in this info	rmation to identify your				
Debtor 1	George Robert Ov	wusu			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
	Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
0					
Case number (if known)				☐ Check if this is an amended filing	
Official F	orm 106H				
	e H: Your Cod	ebtors		12/15	
	,	. Answer every question.	o not list either spouse as a o	codebtor.	
			pperty state or territory? (Certo Rico, Texas, Washington	community property states and territories include n, and Wisconsin.)	
■ No. Go		ıse, or legal equivalent live	with you at the time?		
in line 2 a	gain as a codebtor only it D), Schedule E/F (Official	f that person is a guarant	or or cosigner. Make sure y	ur spouse is filing with you. List the person shov you have listed the creditor on Schedule D (Offic Use Schedule D, Schedule E/F, or Schedule G to	ial
	mn 1: Your codebtor , Number, Street, City, State and ZI	P Code		Column 2: The creditor to whom you owe the deb Check all schedules that apply:	t
3.1 Non	e			Schedule D, line2.1 Schedule E/F, line Schedule G Freedom Mortgage	

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Fill	in this information to identify your ca	ase:				ī				
	otor 1 George Rob									
	otor 2				_					
Uni	ted States Bankruptcy Court for the	NORTHERN DISTRIC	CT OF ILLINOIS		_					
(If kr	fficial Form 106l		-			☐ An☐ A s	income a	nt showing s of the fo	g postpetition ollowing date:	
	chedule I: Your Inc	ome				MIN	1 / DD/ Y\	Y Y Y		12/15
sup spo atta	as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	are married and not filing w	ng jointly, and your ith you, do not inclu	spouse is	s liv nati	ing with yon about y	ou, inclu our spou	de inforn use. If mo	nation about ore space is	your needed,
1.	Fill in your employment information.		Debtor 1			ı	Debtor 2	or non-fi	ling spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	☐ Employed ■ Not employed				☐ Employ			
	employers.	Occupation								
	Include part-time, seasonal, or self-employed work.	Employer's name								
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed t	here?							
Par	t 2: Give Details About Mor	thly Income								
	mate monthly income as of the dause unless you are separated.	ate you file this form. If	you have nothing to r	eport for a	any	line, write \$	\$0 in the s	space. Inc	lude your no	n-filing
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	n for all e	mpl	oyers for th	at person	on the lir	nes below. If	you need
						For Debt	or 1		otor 2 or ng spouse	
2.	List monthly gross wages, saladeductions). If not paid monthly, or			2.	\$		0.00	\$	N/A	-
3.	Estimate and list monthly overti	me pay.		3.	+\$		0.00	+\$	N/A	-
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$		0.00	\$	N/A	

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Debtor '	Geo	rge Robert Owusu	-	(Case r	number (<i>if k</i>	nown)				
					For	Debtor 1			Debtor		
C	opv line	4 here	4.		\$		0.00	\$	n-filing s	pouse N/A	1
					· —			-			_
5. L i	_	ayroll deductions:									
58		x, Medicare, and Social Security deductions	5a		\$		0.00	\$_		N/A	_
5k		ndatory contributions for retirement plans	5b		\$		0.00	\$_		N/A	_
50 50		untary contributions for retirement plans quired repayments of retirement fund loans	5d 5d		\$		0.00	\$_ \$		N/A N/A	_
5e		urance	5e		\$ _		0.00	\$ _		N/A N/A	_
5f		mestic support obligations	5f.		\$		0.00	\$_		N/A	_
5 <u>0</u>		on dues	5g		\$		0.00	\$_		N/A	_
5ł		ner deductions. Specify:		, 1.+	\$			+ \$		N/A	_
6. A	dd the p	payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	 6.		\$		0.00	\$		N/A	_
7. C	alculate	total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	(0.00	\$		N/A	_
	st all ot n. Net pro Atta	her income regularly received: income from rental property and from operating a business, ifession, or farm ach a statement for each property and business showing gross eipts, ordinary and necessary business expenses, and the total			·			·			_
		nthly net income.	8a	1 .	\$	(0.00	\$		N/A	
8k	. Inte	erest and dividends	8b).	\$	(0.00	\$_		N/A	_
80	reg Incl	nily support payments that you, a non-filing spouse, or a dependent ularly receive ude alimony, spousal support, child support, maintenance, divorce lement, and property settlement.	80) .	\$	(0.00	\$		N/A	
80	l. Une	employment compensation	8d	d.	\$		0.00	\$		N/A	_
86		cial Security	8e	€.	\$	1,60	0.00	\$		N/A	
8f 8g	Incl that Nut Spe	ner government assistance that you regularly receive ude cash assistance and the value (if known) of any non-cash assistance t you receive, such as food stamps (benefits under the Supplemental rition Assistance Program) or housing subsidies. ecify: nsion or retirement income	8f. 8g		\$		0.00 0.00	\$_ \$		N/A N/A	_
8ł	. Oth	ner monthly income. Specify:	_ 8h	1.+	\$	(0.00	+ \$_		N/A	_
9. A	dd all o	ther income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	5	§	1,90	0.00	\$_		N/A	4
10 C :	alculate	monthly income. Add line 7 + line 9.	10.	\$	1	,900.00	+ \$		N/A	= \$	1,900.00
		ntries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ψ_		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			17/7	-	1,300.00
In ot De	clude co her frien	other regular contributions to the expenses that you list in Schedule on tributions from an unmarried partner, members of your household, your lods or relatives. Elude any amounts already included in lines 2-10 or amounts that are not	depe			•		•		÷ J. +\$	0.00
W		amount in the last column of line 10 to the amount in line 11. The rest amount on the Summary of Schedules and Statistical Summary of Certa							12.	\$	1,900.00
13. D		xpect an increase or decrease within the year after you file this form	?							Combine month!	ned ly income
	No I Va	os Evnlain:									

Official Form 106I Schedule I: Your Income page 2

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Fill	in this information	on to identify yo	our case:					
Deb	otor 1	George Rob	ert Owus	u		Che	ck if this is: An amended filing	
	otor 2 ouse, if filing)						A supplement show 13 expenses as of	wing postpetition chapter the following date:
Unit	ed States Bankrup	otcy Court for the	: NORTH	IERN DISTRICT OF ILLIN	OIS		MM / DD / YYYY	
Cas	e numbe r							
(If ki	nown)							
Of	fficial For	m 106J						
	chedule .							12/15
info		re space is ne	eded, atta	If two married people ar ch another sheet to this n.				
Par	t 1: Describ	e Your House	hold					
١.	No. Go to li							
	_	Debtor 2 live	in a separ	ate household?				
	□ No □ Yes	s. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expen</i> ses	for Separate House	ehold of Deb	otor 2.	
2.	Do you have	dependents?	■ No					
	Do not list Deb Debtor 2.	otor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state th	ne						□ No
	dependents na	ames.						☐ Yes ☐ No
								☐ Yes
								□ No
							_	☐ Yes
								□ No □ Yes
3.	Do your expe expenses of p yourself and	people other t	han 📕	No Yes				1 103
Par	t 2: Estimat	e Your Ongoi	na Monthi	v Expenses				
Est exp	imate your exp	enses as of ye	our bankrı	uptcy filing date unless y y is filed. If this is a supp	ou are using this followed are using the solution of the solut	orm as a si e <i>J</i> , check t	upplement in a Cha he box at the top o	apter 13 case to report f the form and fill in the
the		assistance an		government assistance i luded it on <i>Schedule I:</i> \			Your exp	enses
	The rental or	homo ownore	hin ovnon	ses for your residence.	naluda firat martaaa			
4.	payments and				nciude iirst mortgage	e 4. :	\$	1,281.00
	If not include	d in line 4:						
		tate taxes				4a.	·	0.00
		y, homeowner's				4b.		0.00
				ıpkeep expenses dominium dues		4c. 4d.		0.00 277.00
5.				our residence, such as ho	me equity loans	5.	·	0.00

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Debtor 1 Ge	orge Robert Owusu	Case num	ber (if known)	
6. Utilities:				
	ctricity, heat, natural gas	6a.	\$	485.00
	ter, sewer, garbage collection	6b.	\$	0.00
	ephone, cell phone, Internet, satellite, and cable services	6c.	\$	100.00
	ner. Specify:	6d.	\$	0.00
	I housekeeping supplies	7.	\$	583.00
	e and children's education costs	8.	\$	0.00
	laundry, and dry cleaning	9.	\$	70.00
_	care products and services	10.	\$	70.00
	and dental expenses	11.	·	130.00
	tation. Include gas, maintenance, bus or train fare.	11.	Ψ	130.00
	clude car payments.	12.	\$	173.00
	ment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
	e contributions and religious donations	14.	\$	0.00
i. Insuranc	•	17.	Ψ	0.00
	clude insurance deducted from your pay or included in lines 4 or 20.			
	e insurance	15a.	\$	0.00
	alth insurance	15b.		0.00
	nicle insurance	15c.	·	0.00
	ner insurance. Specify:	15d.	*	0.00
	o not include taxes deducted from your pay or included in lines 4 or 20.		Ψ	0.00
Specify:	o not include taxes deducted from your pay of included in lines 4 of 20.	16.	\$	0.00
	nt or lease payments:		·	
	payments for Vehicle 1	17a.	\$	0.00
	r payments for Vehicle 2	17b.	\$	0.00
	ner. Specify:	17c.	\$	0.00
	ner. Specify:	17d.	\$	0.00
	ments of alimony, maintenance, and support that you did not report		<u> </u>	
	I from your pay on line 5, Schedule I, Your Income (Official Form 106		\$	0.00
	yments you make to support others who do not live with you.	,	\$	0.00
Specify:		19.		
. Other rea	al property expenses not included in lines 4 or 5 of this form or on So	chedule I: Yo	ur Income.	
20a. Mo	rtgages on other property	20a.	\$	0.00
20b. Rea	al estate taxes	20b.	\$	0.00
20c. Pro	perty, homeowner's, or renter's insurance	20c.	\$	0.00
20d. Ma	intenance, repair, and upkeep expenses	20d.	\$	0.00
20e. Hoi	meowner's association or condominium dues	20e.	\$	0.00
. Other: Sp	pecify:	21.	+\$	0.00
	•			
	your monthly expenses			
	lines 4 through 21.		\$	3,169.00
22b. Copy	y line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-	2	\$	
22c. Add	line 22a and 22b. The result is your monthly expenses.		\$	3,169.00
Colouista	your monthly not income			
	e your monthly net income.	226	¢	4 000 00
	py line 12 (your combined monthly income) from Schedule I.	23a.	·	1,900.00
23b. Cop	by your monthly expenses from line 22c above.	23b.	-\$	3,169.00
330 C''I	ntract your monthly expenses from your monthly income			
	otract your monthly expenses from your monthly income. e result is your <i>monthly net income</i> .	23c.	\$	-1,269.00
1116	Tosult is your monthly hat income.			•
	xpect an increase or decrease in your expenses within the year after			
	le, do you expect to finish paying for your car loan within the year or do you expect y	your mortgage p	payment to increas	se or decrease because o
_	n to the terms of your mortgage?			
■ No.				
П Уес	Explain here:			

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Del	otor 1 George Robert O	wusu	Case	number ((if known)		
Fill	in this information to identify	your case:					
Deb		bert Owusu	CI] Asup	mended filing	postpetition chapter 13	
	, ,	ha. MODILIEDNI DICIDICI OF ILLIN	1010				
		he: NORTHERN DISTRICT OF ILLIN	IOIS	IVIIVI /	DD / YYYY		
	nown)			Non-l	Filing Spouse		
	fficial Form 106J	-2 ur Expenses for Sepa	arate Househ	old o	f Debtor 3	2 12/	1 5
Use Del fort spa Ans	e this form for Debtor 2's se btor 2 have one or more de m only with respect to expe	eparate household expenses ONLY I pendents in common, list the depen enses for Debtor 2 that are not repor er sheet to this form. On the top of a	IF Debtor 1 and Debtor 2 Idents on both Schedule Ifted on Schedule J. Be a	maintal J and the comp	in separate hous his form. Answe lete and accurate	eholds. <i>If Debtor 1 and</i> er the questions on this e as possible. If more	d
1.		ntain separate households?					
2.	Do you have dependents	? ■ No					
	Do not list Debtor 1 but list all other dependents of Debtor 2 regardless of whether listed as a dependent of Debtor 1 on Schedule J.	☐ Yes. Fill out this information for each dependent	Dependent's relationshi	p to	Dependent's age	Does dependent live with you?	
	Do not state the dependents names.					□ No □ Yes	
						□ No □ Yes	
						□ No □ Yes	
						□ No □ Yes	
3.	Do your expenses include expenses of people other yourself and your dependence.	r than					
		oing Monthly Expenses					
	timate your expenses as of penses as of a date after the	your bankruptcy filing date unless y e bankruptcy is filed.	ou are using this form a	ıs a sup _l	plement in a Cha	pter 13 case to report	
		h non-cash government assistance i ncluded it on <i>Schedule I: Your Inco</i> n		Yo	ur expenses		
4.	The rental or home owne payments and any rent for	rship expenses for your residence. I the ground or lot.	nclude first mortgage	4. \$		0.00	
	If not included in line 4:						
	4a. Real estate taxes			4a. \$		0.00	
		er's, or renter's insurance repair, and upkeep expenses		4b. \$ 4c. \$		0.00	
				*		2.00	

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Debtor 1		George Robert Owusu	Case num		
4	1d.	Homeowner's association or condominium dues	4d.	\$	0.00
5. A	Addi	tional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6. L	Jtilit	ies:			
-	3a.	Electricity, heat, natural gas	6a.	\$	0.00
6	6b.	Water, sewer, garbage collection	6b.	\$	0.00
6	Sc.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	0.00
6	Sd.	Other. Specify:	6d.		0.00
7. F	- -000	d and housekeeping supplies		·	0.00
		dcare and children's education costs	8.	\$	0.00
		hing, laundry, and dry cleaning	9.	\$	0.00
		onal care products and services	10.	·	0.00
		ical and dental expenses	11.	·	0.00
		•	11.	Ψ	0.00
		sportation. Include gas, maintenance, bus or train fare. ot include car payments.	12.	\$	0.00
		rtainment, clubs, recreation, newspapers, magazines, and books	13.	·	0.00
		ritable contributions and religious donations	14.	*	0.00
		rance.		т	0.00
		ot include insurance deducted from your pay or included in lines 4 or 20.			
		Life insurance	15a.	\$	0.00
1	15b.	Health insurance	15b.	\$	0.00
1	15c.	Vehicle insurance	15c.	\$	0.00
		Other insurance. Specify:	15d.	·	0.00
		es. Do not include taxes deducted from your pay or included in lines 4 or 20.		,	0.00
	Spec		16.	\$	0.00
17. l i	nsta	Illment or lease payments:			
		Car payments for Vehicle 1	17a.	\$	0.00
1	17b.	Car payments for Vehicle 2	17b.	\$	0.00
1	17c.	Other. Specify:	17c.	\$	0.00
		payments of alimony, maintenance, and support that you did not report as	3	· -	
c	dedu	acted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
19. C	Othe	r payments you make to support others who do not live with you.		\$	0.00
5	Spec	rify:	19.		
		er real property expenses not included in lines 4 or 5 of this form or on Scho	edule I: Yo	our Income.	
2	20a.	Mortgages on other property	20a.	\$	0.00
2	20b.	Real estate taxes	20b.	\$	0.00
2	20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
2	20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
2	20e.	Homeowner's association or condominium dues	20e.	\$	0.00
		er: Specify:	21.	·	0.00
22. \	Your	monthly expenses. Add lines 5 through 21.		\$	0.00
Т	The r	result is the monthly expenses of Debtor 2. Copy the result to line 22b of Schedulate the total expenses for Debtor 1 and Debtor 2.	ule J to		
23. I	ine	not used on this form.			
24. C	Оо у	ou expect an increase or decrease in your expenses within the year after your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you			r decrease because of a
n	nodif	ication to the terms of your mortgage?			

— NO.	
☐ Yes.	Explain here:

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Fill in this in	formation to identify your	case:				
Debtor 1	George Robert O					
Debtor 2	First Name	Middle Name	Las	t Name		
(Spouse if, filing)	First Name	Middle Name	Las	t Name		
United States	s Bankruptcy Court for the:	NORTHERN DISTRICT	Γ OF ILLINO	IS		
Case numbe	r					
(if known)						☐ Check if this is an
						amended filing
Official F	orm 106Dec					
Declar	ation About a	n Individual	Debte	or's Schedu	les	12/15
						12/10
If two marrie	d people are filing together	r, both are equally respo	nsible for s	upplying correct inform	nation.	
V	. 41-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	la hamlenomano aabadoolo		al aabaalulaa Malduu a	falas atatamant a	
	e this form whenever you fi oney or property by fraud in					
	h. 18 U.S.C. §§ 152, 1341, 1		mapley ous	oun result in fines up	το ψ200,000, οι πι	prisoninient for up to 20
	Sign Below					
	Sigil Below					
Did you	ı pay or agree to pay some	one who is NOT an attor	rney to help	you fill out bankruptcy	forms?	
■ No						
_						
☐ Ye	s. Name of person					Petition Preparer's Notice, gnature (Official Form 119)
				•	sociaration, and of	gnataro (Omolai i Omi 110)
l lu dan u		4h-a4 h-a na-a- 4h-a		ah a dula a fila duuidh thia	deelenetien en d	
	enalty of perjury, I declare y are true and correct.	that I have read the sum	ımary and s	cnedules filed with this	declaration and	
X /s/ (George Robert Owusu		X			
	orge Robert Owusu			Signature of Debtor 2		
Sign	nature of Debtor 1					
Date	May 23, 2016			Date		
				-		

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_	-	rmation to identify you				
De	btor 1	George Robert C	Dwusu Middle Name	Last Name		
	btor 2 ouse if, filing)	First Name	Middle Name	Last Name		
Un	ited States B	ankruptcy Court for the:	NORTHERN DISTRIC	T OF ILLINOIS		
	se number nown)					Check if this is an amended filing
St Be info	atemen as complete ormation. If	and accurate as possi more space is needed,	ble. If two married peopl attach a separate sheet		Bankruptcy are equally responsible for so	
		vn). Answer every ques				
Pa	rt 1: Give	Details About Your Ma	rital Status and Where Y	ou Lived Before		
1.	What is yo	ur current marital statu	is?			
	■ Marrie	d				
	□ Not ma					
2.	During the	last 3 years, have you	lived anywhere other tha	nn where you live now?		
	■ No					
	_	ist all of the places you I	ived in the last 3 years. Do	not include where you live n	OW.	
	Debtor 1 F	Prior Address:	Dates Debtor lived there	Debtor 2 Prior	Address:	Dates Debtor 2 lived there
3. sta					unity property state or territ Rico, Texas, Washington and	
	■ No □ Yes. N	Make sure you fill out <i>Scl</i>	nedule H: Your Codebtors	(Official Form 106H).		
Pa	rt 2 Expl	ain the Sources of You	r Income			
4.	Fill in the to	tal amount of income yo	u received from all jobs an	ting a business during this d all businesses, including pa eive together, list it only once		ilendar years?
	— 100.1	tilo dotallo.	D		D.1.	
			Debtor 1		Debtor 2	

Case 16-17317 Doc 1 Filed 05/23/16 Entered 05/23/16 20:05:08 Desc Main Page 54 of 75 Document Case number (if known) Debtor 1 George Robert Owusu Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income **Gross income from Gross income** Sources of income Describe below. Describe below. (before deductions each source (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Dates of payment **Total amount** Amount you Was this payment for ... still owe paid Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Nο

of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for

☐ Yes. List all payments to an insider.

Insider's Name and Address Dates of payment **Total amount** Amount you Reason for this payment paid still owe

Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

Yes. List all payments to an insider

Insider's Name and Address Dates of payment Total amount Amount you Reason for this payment still owe paid Include creditor's name

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Debtor 1 George Robert Owusu

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Case number (if known)

Pai	t 4: Identify Legal Actions, Repossess	ions, and Foreclosures				
9.	Within 1 year before you filed for bankru List all such matters, including personal injumodifications, and contract disputes.					
	■ No					
	☐ Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency	Status of the	e case	
10.	Within 1 year before you filed for bankru Check all that apply and fill in the details be		erty repossessed, foreclos	ed, garnished, attached	, seized, or levied?	
	■ No. Go to line 11. Yes. Fill in the information below.					
	Creditor Name and Address	Describe the Property		Date	Value of the	
		Explain what happened	j		property	
11.	Within 90 days before you filed for banks accounts or refuse to make a payment b ■ No □ Yes. Fill in the details.		luding a bank or financial i	institution, set off any a	mounts from your	
	Creditor Name and Address	Describe the action the	creditor took	Date action was taken	Amount	
	Within 1 year before you filed for bankru court-appointed receiver, a custodian, of No Yes List Certain Gifts and Contribution	r another official?	erty in the possession of a	n assignee for the bene	fit of creditors, a	
13.	Within 2 years before you filed for bankr	uptcy, did you give any gift	s with a total value of more	e than \$600 per person?		
	Yes. Fill in the details for each gift.			-		
	Gifts with a total value of more than \$60 per person	Describe the gifts		Dates you gave the gifts	Value	
	Person to Whom You Gave the Gift and Address:					
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution.					
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)			Dates you contributed	Value	
Pai	t 6: List Certain Losses					
15.	Within 1 year before you filed for bankru or gambling?	ptcy or since you filed for b	ankruptcy, did you lose ar	nything because of theft	, fire, other disaster	
	■ No □ Yes. Fill in the details.					
	Describe the property you lost and	Describe any insurance co	verage for the loss	Date of your	Value of property	
	how the loss occurred	Include the amount that insuinsurance claims on line 33 (rance has paid. List pending	loce	lost	

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Debtor 1 George Robert Owusu

Part 7: List Certain Payments or Transfers

16.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.							
	□ No ■ Yes. Fill in the details.							
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred		Date payment or transfer was made	Amount of payment			
	Anne L. MacLaren 3753 N. Narragansett Ave Chicago, IL 60634 Jemamah Owusu - Daughter	Filing Fee of \$335.00 5/15/16			5/15/16	\$335.00		
17.	Within 1 year before you filed for bankruptcy, die promised to help you deal with your creditors or Do not include any payment or transfer that you listed No Yes. Fill in the details.	r to make payments			r transfer any prope	rty to anyone who		
	Person Who Was Paid Address	Person Who Was Paid Description and value of any property Date payment				Amount of payment		
18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details.							
	Person Who Received Transfer Address Person's relationship to you	Description and va property transferr			iny property or received or debts change	Date transfer was made		
19.	Within 10 years before you filed for bankruptcy, beneficiary? (These are often called asset-protection ■ No ■ Yes. Fill in the details.		y property to a seli	f-settled tru	st or similar device	of which you are a		
	Name of trust Description and value of the property to			ty transferre	ed	Date Transfer was made		
Par	t 8: List of Certain Financial Accounts, Instrun	nents, Safe Deposit	Boxes, and Stora	ge Units				
20.	Within 1 year before you filed for bankruptcy, we sold, moved, or transferred? Include checking, savings, money market, or oth houses, pension funds, cooperatives, association No Yes. Fill in the details.	ner financial accoun	ts; certificates of			, ,		
		st 4 digits of count number	Type of account instrument	clo	e account was sed, sold, ved, or nsferred	Last balance before closing or transfer		

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Debtor 1 George Robert Owusu

21.	Do you now have, or did you have within 1 year cash, or other valuables?	r before you filed for bankruptcy, an	y safe deposit box or other deposito	ory for securities,
	No Yes. Fill in the details.			
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
22.	Have you stored property in a storage unit or p	place other than your home within 1	year before you filed for bankruptcy	?
	Yes. Fill in the details.			
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
Par	t 9: Identify Property You Hold or Control for	Someone Else		
23.	Do you hold or control any property that some for someone.	one else owns? Include any propert	y you borrowed from, are storing for	, or hold in trust
	■ No			
	Yes. Fill in the details.			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Par	t 10: Give Details About Environmental Inform	nation		
For	the purpose of Part 10, the following definitions	s apply:		
	Environmental law means any federal, state, or toxic substances, wastes, or material into the regulations controlling the cleanup of these su	air, land, soil, surface water, ground	- ·	
	Site means any location, facility, or property as to own, operate, or utilize it, including disposa		aw, whether you now own, operate, o	or utilize it or used
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or	nmental law defines as a hazardous	waste, hazardous substance, toxic s	substance,
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of when	they occurred.	
24.	Has any governmental unit notified you that yo	ou may be liable or potentially liable	under or in violation of an environme	ental law?
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of any			
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
		,		

Document Page 58 of 75 Debtor 1 George Robert Owusu Case number (if known) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Nο Yes. Fill in the details. **Case Title** Court or agency Nature of the case Status of the Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ George Robert Owusu George Robert Owusu Signature of Debtor 2 Signature of Debtor 1 Date May 23, 2016 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Filed 05/23/16

Entered 05/23/16 20:05:08

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Fill in this inform	ation to identify your o	case:				
Debtor 1	George Robert Ov	vusu				
	First Name	Middle Name		Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name		Last Name		
	kruptov Court for the	NORTHERN DIST		NOIS		
Officed States Ball	kruptcy Court for the:	NORTHERN DIST	I KICT OF ILL	11013		
Case number						Charletthia is an
(II KIOWII)						☐ Check if this is an amended filing
If you are an indiv ■ creditors have ■ you have lease You must file this	idual filing under chap claims secured by you d personal property a form with the court w er is earlier, unless th	oter 7, you must fill ur property, or nd the lease has no ithin 30 days after	l out this forn ot expired. you file your	Filing Under C	the date set for t	the meeting of creditors,
	ople are filing together I date the form.	in a joint case, bo	th are equally	responsible for supplying	g correct informa	ation. Both debtors must
	nd accurate as possib ur name and case nun		needed, atta	ch a separate sheet to this	s form. On the to	pp of any additional pages,
Part 1: List You	ur Creditors Who Have	Secured Claims				
1. For any creditor	rs that vou listed in Pa	rt 1 of Schedule D	: Creditors W	ho Have Claims Secured b	ov Property (Offi	cial Form 106D), fill in the
information bel	ow.					·
identity the cred	ditor and the property th	iat is conateral	secures a	ou intend to do with the pro debt?	sperty that	Did you claim the property as exempt on Schedule C?
Creditor's Fre	eedom Mortgage		☐ Surrend	er the property.		□ No
name:	3.3			he property and redeem it.		
Description of	6121 N. Sheridan U	Init 2A		ne property and enter into a		Yes
property	Chicago, IL 60660		_	nation Agreement. ne property and [explain]:		
securing debt:			□ rtotaiii ti	ic property and [explain].		
For any unexpired in the information	below. Do not list rea	ase that you listed I estate leases. Un	expired lease		n effect; the leas	ases (Official Form 106G), fill se period has not yet ended.
Describe your un	expired personal prop	erty leases			Will	the lease be assumed?
Lessor's name:						No.
Description of leas	sed				U г	NO
Property:						⁄es
Lessor's name:					-	No
Description of leas	sed				Цľ	NU
Property:						⁄es
Lessor's name:					1	No

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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Deb	otor 1	George Robert Owusu	Case number (if known)	
Doo	crintio	n of leased		
	perty:	TOHEASEU	☐ Yes	
	sor's na	ame: n of leased	□ No	
	perty:	i ui leaseu	☐ Yes	
	sor's na	ame: n of leased	□ No	
	perty:	Torreased	☐ Yes	
	sor's na	ame: n of leased	□ No	
	perty:	TUTTEASEU	☐ Yes	
	sor's n		□ No	
	cription perty:	n of leased	☐ Yes	
Part	t 3:	Sign Below		
		alty of perjury, I declare that I have in aat is subject to an unexpired lease.	ted my intention about any property of my estate that secures a debt and any persona	al
X	/s/ G	eorge Robert Owusu	x	
		rge Robert Owusu Iture of Debtor 1	Signature of Debtor 2	
	Date	May 23, 2016	Date	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-17317 Doc 1 Filed 05/23/16 Entered 05/23/16 20:05:08 Desc Main Document Page 65 of 75

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

In re	e George Robert Owusu		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPE	NSATION OF ATTOR	RNEY FOR DI	EBTOR(S)	
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filir be rendered on behalf of the debtor(s) in contemplation of	ng of the petition in bankruptcy,	or agreed to be paid	to me, for services rende	ered or to
	For legal services, I have agreed to accept		\$	800.00	
	Prior to the filing of this statement I have received.		\$	335.00	
	Balance Due		\$	465.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed comp	pensation with any other person	unless they are mem	bers and associates of my	y law firm.
	☐ I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the name				firm. A
5.	In return for the above-disclosed fee, I have agreed to re	ender legal service for all aspect	s of the bankruptcy	case, including:	
	 a. Analysis of the debtor's financial situation, and rende b. Preparation and filing of any petition, schedules, stat c. Representation of the debtor at the meeting of credite d. [Other provisions as needed] 	ement of affairs and plan which	may be required;		tcy;
	Negotiations with secured creditors to reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on ho	ons as needed; preparation	emption planning and filing of mot	preparation and filin ions pursuant to 11 U	g of SC
6.	By agreement with the debtor(s), the above-disclosed fer Representation of the debtors in any dis any other adversary proceeding.			es, relief from stay ac	tions or
		CERTIFICATION			
	I certify that the foregoing is a complete statement of any pankruptcy proceeding.	y agreement or arrangement for	payment to me for r	epresentation of the debte	or(s) in
N	Nay 23, 2016	/s/ Anne L. MacLa	aren		
	Date	Anne L. MacLare			-
		Signature of Attorne Law Offices of Ar			
		3753 N. Narragan Chicago, IL 60634			
		773-576-5085	•		
		almaclaren@sbcg	global.net		_
		Name of law firm			

United States Bankruptcy CourtNorthern District of Illinois

		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
In re	George Robert Owusu		Case No.	
		Debtor(s)	Chapter 7	
	VE	RIFICATION OF CREDITOR M	ATRIX	
	Number of Creditors: 91			
	The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.			
Date:	May 23, 2016	/s/ George Robert Owusu George Robert Owusu		

Advanced Rehab Care, LLC 1730 Park Street Suite 101 Chicago, IL 60653-1290

Allied Interstate LLC P.O. Box 361315 Columbus, OH 43236

Austin Anesthesia LLC P.O. Box 570 Lake Forest, IL 60045-0570

Balanced Healthcare Receivables, LL 164 Burke Street Suite 201 Nashua, NH 03060

Bank of America 4060 Ogletown / Stanton Rd Newark, DE 19713

Bank of America P.O. Box 982235 El Paso, TX 79998-2235

Bank of America P.O. Box 297871 Fort Lauderdale, FL 33329

Barclays Bank Delaware P.O. Box 8803 Wilmington, DE 19899

Cap One 26525 N. Riverwoods Blvd Lake Forest, IL 60045

Cap One

Capital One Bank USA P.O. Box 85015 Richmond, VA

Capital One Bank USA NA P.O. Box 30281 Salt Lake City, UT 84130

Capital One Bank USA NA P.O. Box 30281 Salt Lake City, UT 84130

Capital One Bank USA NA P.O. Box 30281 Salt Lake City, UT 84130

CBNA 1000 Technology Drive O Fallon, MO 63368

CBNA P.O. Bxox 6497 Sioux Falls, SD 57117

Chase Card P.O. Box 15298 Wilmington, DE 19850

Chase Card P.O. Box 15298 Wilmington, DE 19850

Chase Card

Chase Card

Chris Costas 1730 Park Street Suite 101 Chicago, IL 60653-1290

Chris Costas M.D. 1730 Park Street Suite 101 Chicago, IL 60653 Chris Costas M.D. 800 Austin St Evanston, IL 60202

Chris Costas, M.D. 777 Oakmont Lane Suite 1600 Westmont, IL 60559-5577

Citi

Citi

Concentra Health Services 1801 Broadway San Antonio, TX 82151-2000

Consultants in Kidney Disease 800 Austin St. West Tower, Suite 503W Evanston, IL 60202-3445

Dav-Kim Portable X-Ray Services P.O. Box 1126 Northbrook, IL 60065-1126

Dimitry Sukenik, M.D. 7447 W. Talcott #304 Chicago, IL 60631-3714

Discover P.O.Box 15316 Wilmington, DE 19850

Fabian Carbonell, M.D.

Fifth Third Bank

FNB Omaha P.O. Box 3412 Omaha, NE 68197

Freedom Mortgage 907 Pleasant Valley Avenue Suite 3 Mount Laurel, NJ 08054

Freedom Mortgage 10500 Kincaid Drive Fishers, IN 46037

Freedom Mortgage

Garcia, Rosenberg & Associates

Glenview Terrace 1511 Greenwood Road Glenview, IL 60026

Grant & Weber Inc. 861 Coronado Center Dr. Suite 211 Henderson, NV 89052

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Grant & Weber Inc. 861 Coronado Center Dr. Suite 211 Henderson, NV 89052

Grant & Weber Inc. 861 Coronado Center Dr. Suite 211 Henderson, NV 89052 Grant & Weber Inc. 861 Coronado Center Dr. Suite 211 Henderson, NV 89052

H & S Health Specialist P.O. Box 10646 Merrillville, IN 46411-0646

H & S Health Specialist P.O. Box 10646 Merrillville, IN 46411-0646

Hipp Law Office 1026 Prairie Aurora, IL 60506

Ilahi Medicine of Illinois LL 6374 N. Lincoln Ave Suite 202 Chicago, IL 60659

Illinois Collection Service P.O. Box 1010 Tinley Park, IL 60477-9110

Illinois Collection Service P.O. Box 1010 Tinley Park, IL 60477-9110

Illinois Medicar 395 W. Lake St Elmhurst, IL 60126

Infinity Healthcare Physicians 9933 N Lawler Suite 512 Skokie, IL 60077

John Venetos, M.D. Ltd. P.O. Box 4885 Springfield, IL 62708-4885

Komyatte & Casbon, P.C. 9650 Gordon Drive Highland, IN 46322

Lake Shore Health Care & Rehab 7200 N. Sheridan Rd. Chicago, IL 60623-2613

Lakeside Nephrology Ltd 1101 S. Canal Street Chicago, IL 60607

Law Office Jeffrey H. Jordan P.O. Box 30863 Gahanna, OH 43230

Lifeline Ambulance 2424 S. Wabash Avenue Chicago, IL 60616-2307

Lifeline Ambulance P.O. Box 118312 Carrollton, TX 75011-8312

LX Health Advocate Center LTD 4906 N. Western Ave. Chicago, IL 60625

Mary MacGregor, DO 9129 Waukegan Rd Morton Grove, IL 60053

Medical Pathology Consultants, Inc.

Merchants Credit Guide Co 223 W. Jackson Blvd. #700 Chicago, IL 60606

Midwest Imaging Professionals

Nationwide Credit Corporation P.O. Box 9156 Alexandria, VA 22304-0156

None

North Shore Orthopedics P.O. Box 3863 Carol Stream, IL 60132

Omnicare of Northern Illinois 2313 S Mt Prospect Rd Des Plaines, IL 60018

Pathology Consultants P.O. Box 30309 Charleston, SC 29417-0309

Pathology Consultants, Inc. 113 E. 4th Street Michigan City, IN 46360 PNC Bank
P.O Box 3180
Pittsburgh, PA 15222

PNC Bank P.O. Box 3180 Pittsburgh, PA 15222

PNC Bank 1 Financial Pkwy Kalamazoo, MI 49009

PNC Bank 1 Financial Pkwy Kalamazoo, MI 49009

Presence St. Francis

Presence St. Francis

Presence St. Francis

Presence St. Francis Hospital

Presence St. Francis Hospital

Reliable Medical Supply c/o P.O Box 129 Thorofare, NJ 08086-0129

Reliable Medical Supply 200 E. Howard Ave Suite 246 Des Plaines, IL 60018-5909

Sarma
Dept 253
P.O. Box 4115
Concord, CA 94524

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Tri-State Adjustments, Inc. P.O. Box 3219
La Crosse, WI 54602-3219

UNVL Citi P.O. Box 6241 Sioux Falls, SD 57117